

FIG. 1a

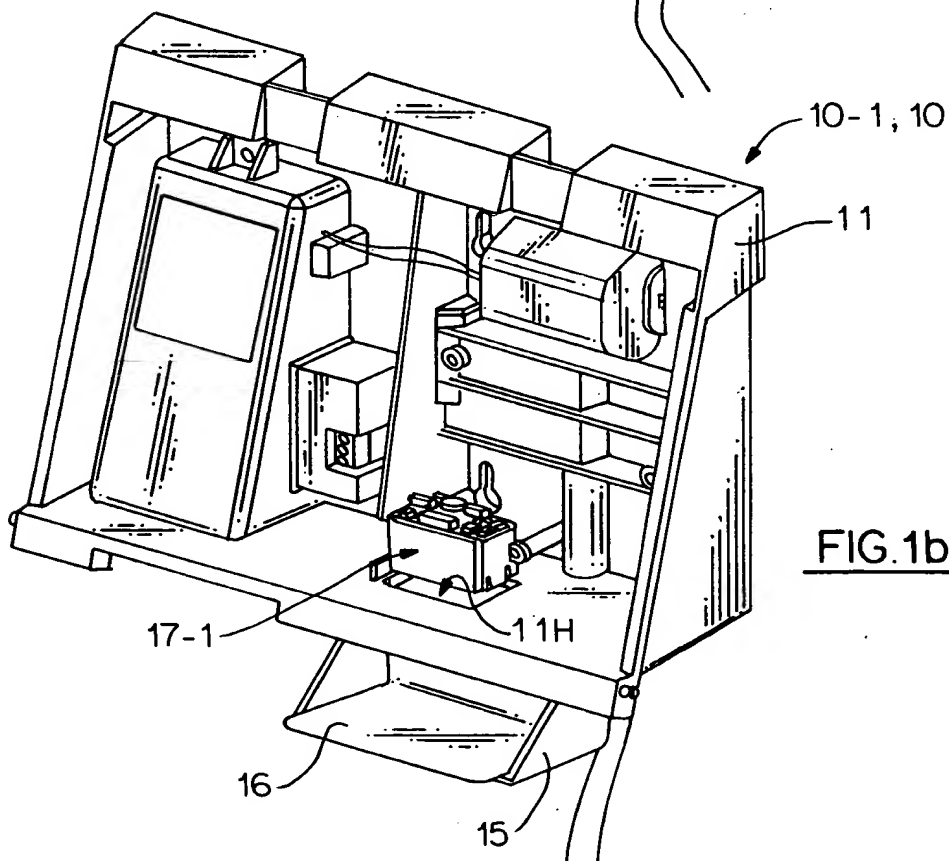


FIG. 1b

105050 52133/60

FIG. 1c

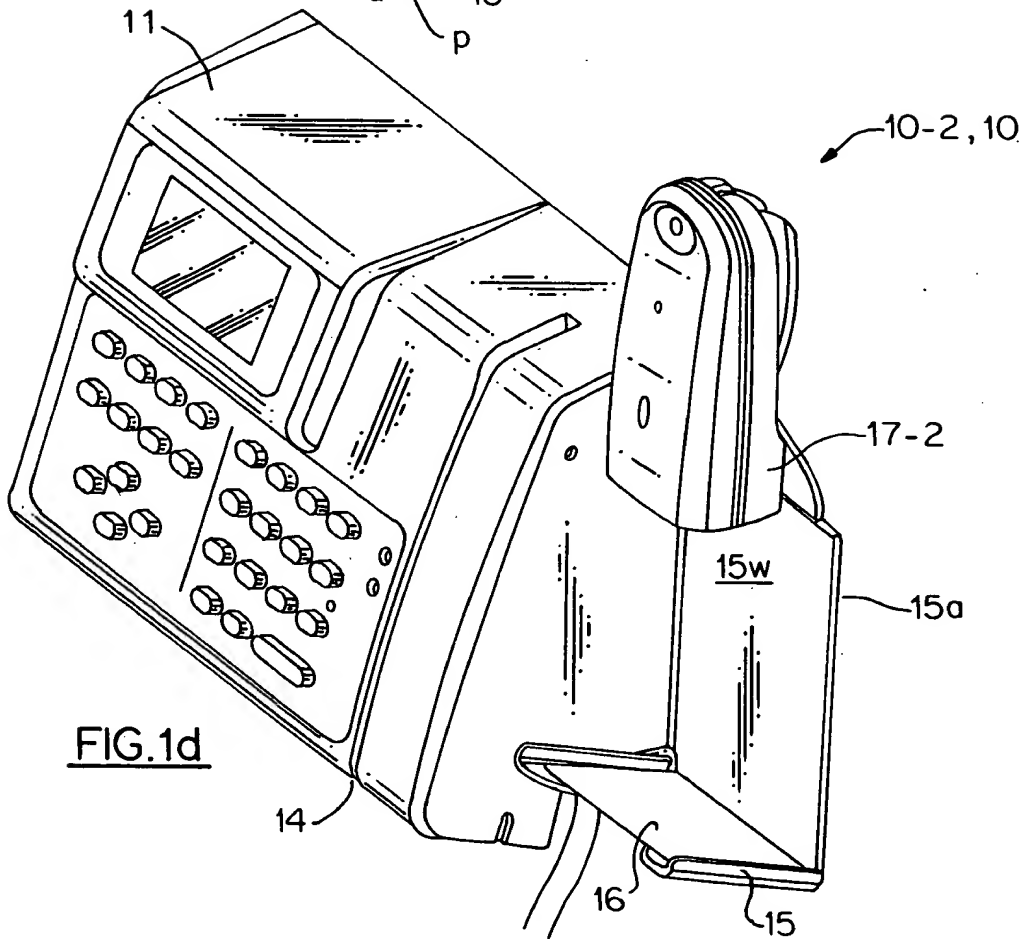
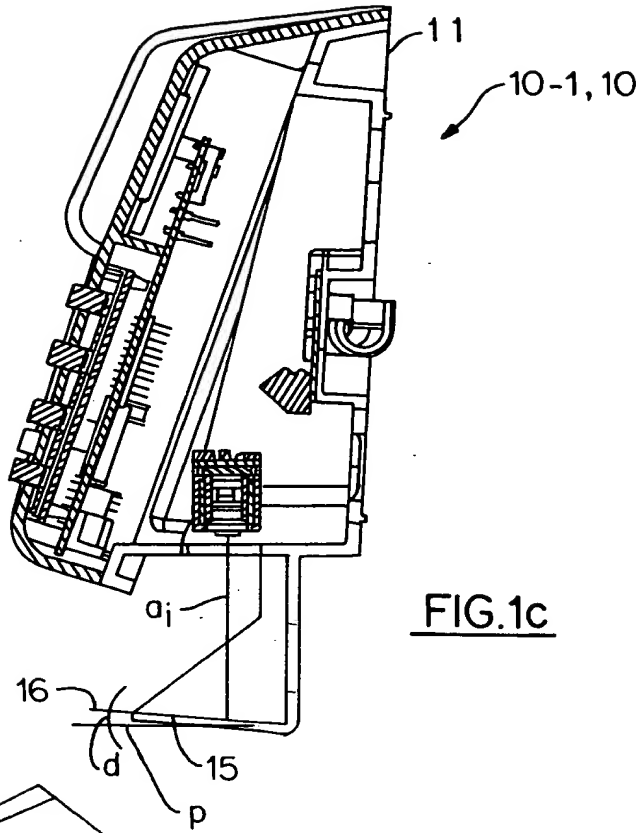


FIG. 1e

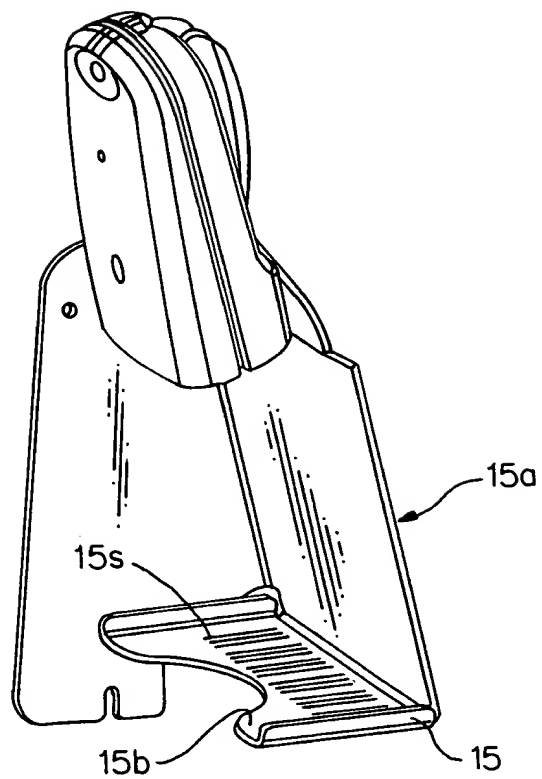


FIG. 1e

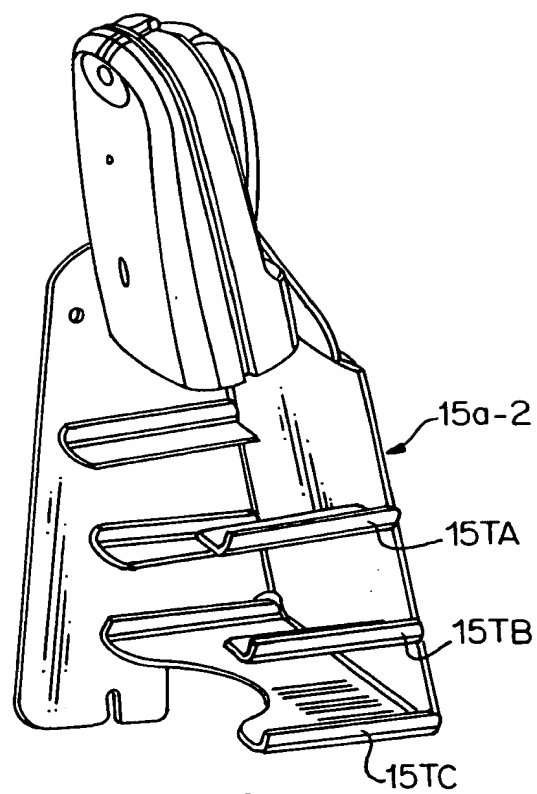


FIG. 1f

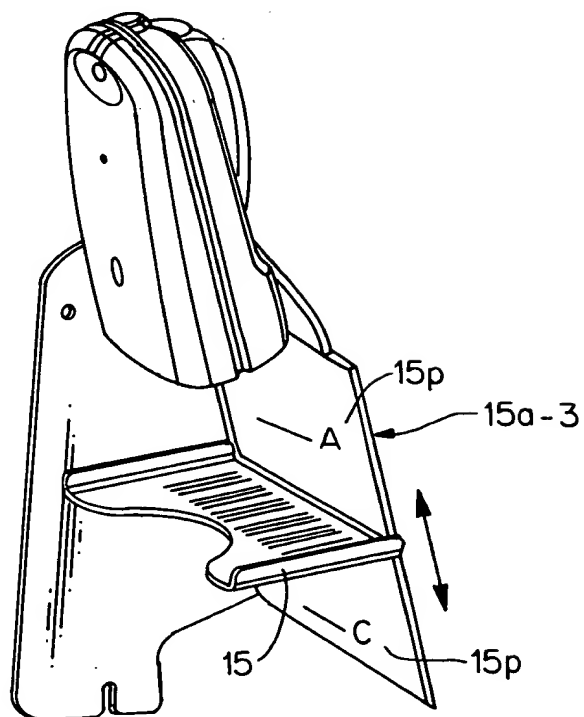


FIG. 1g

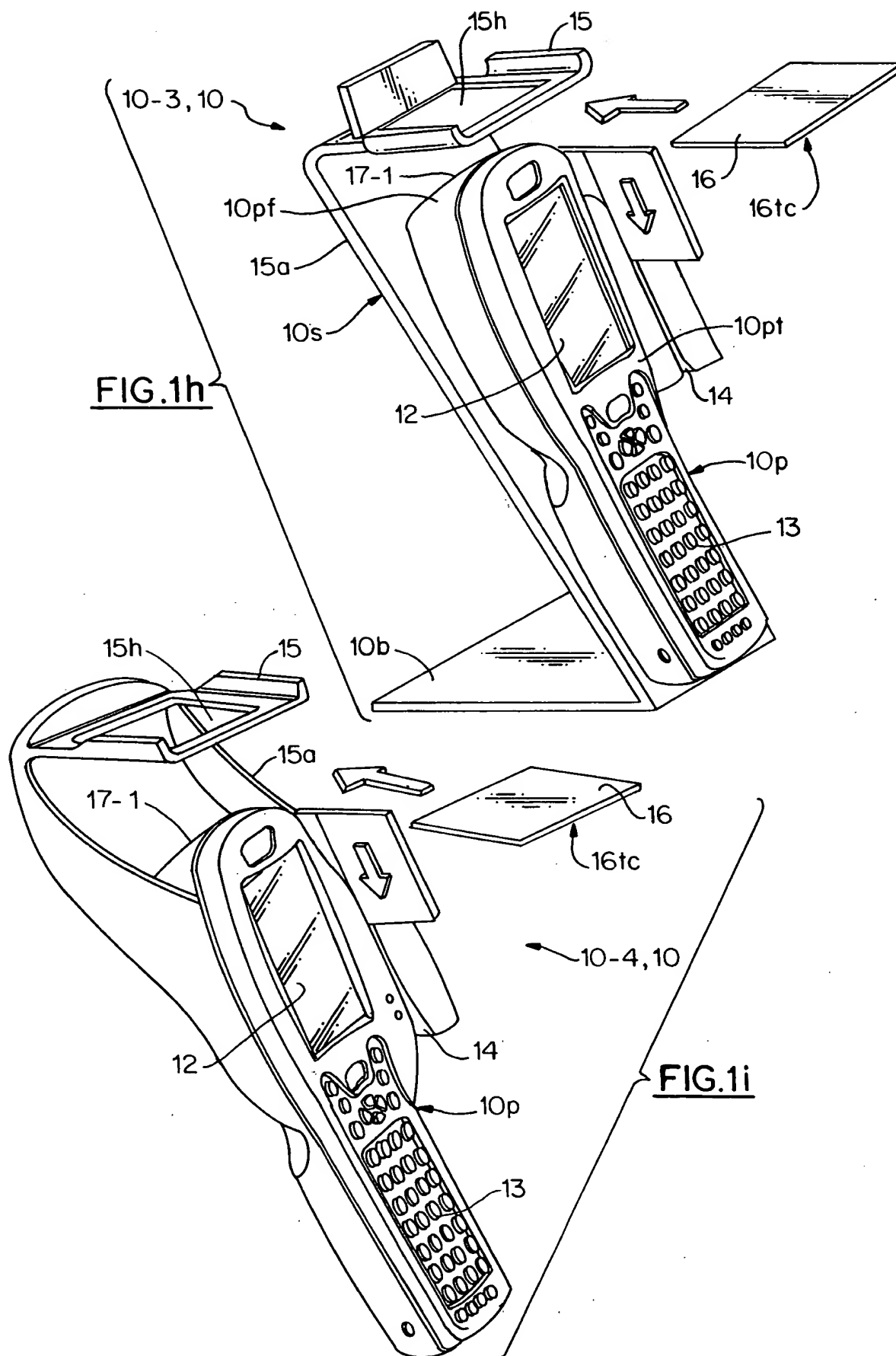


FIG. 1j

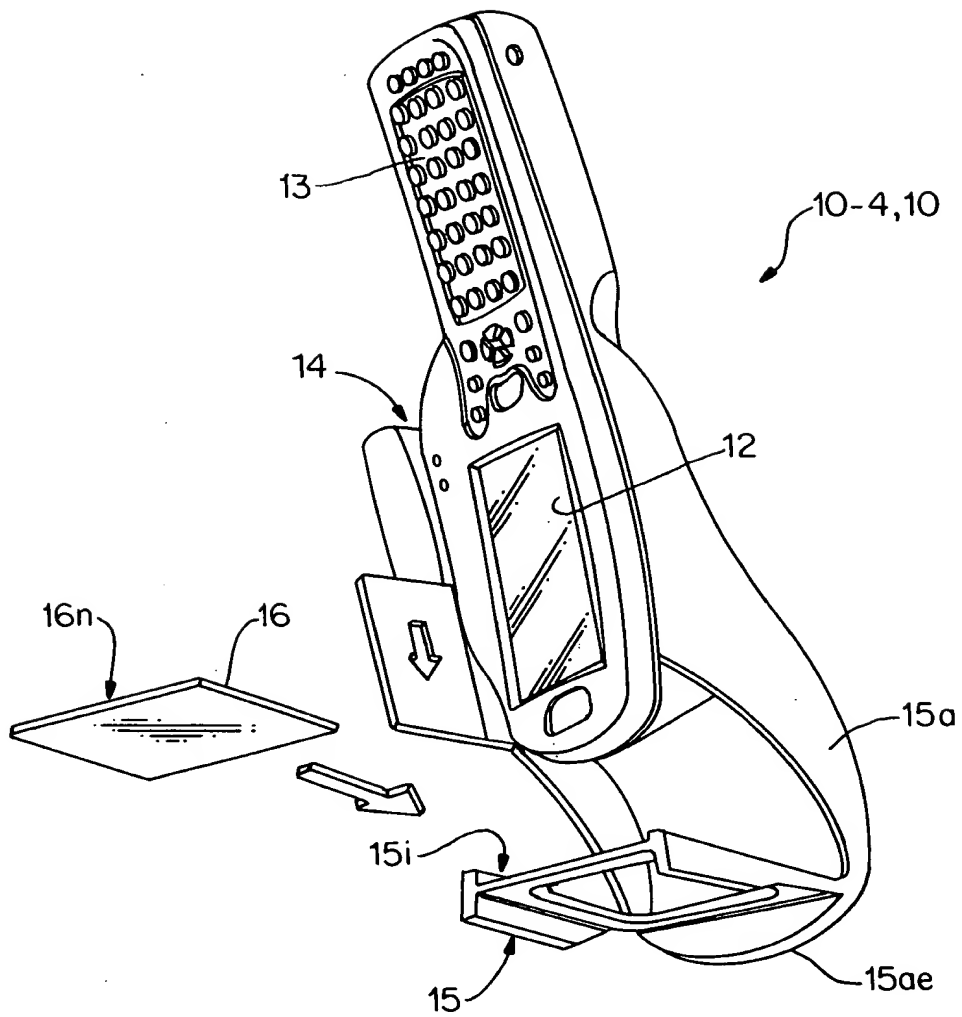


FIG. 1j

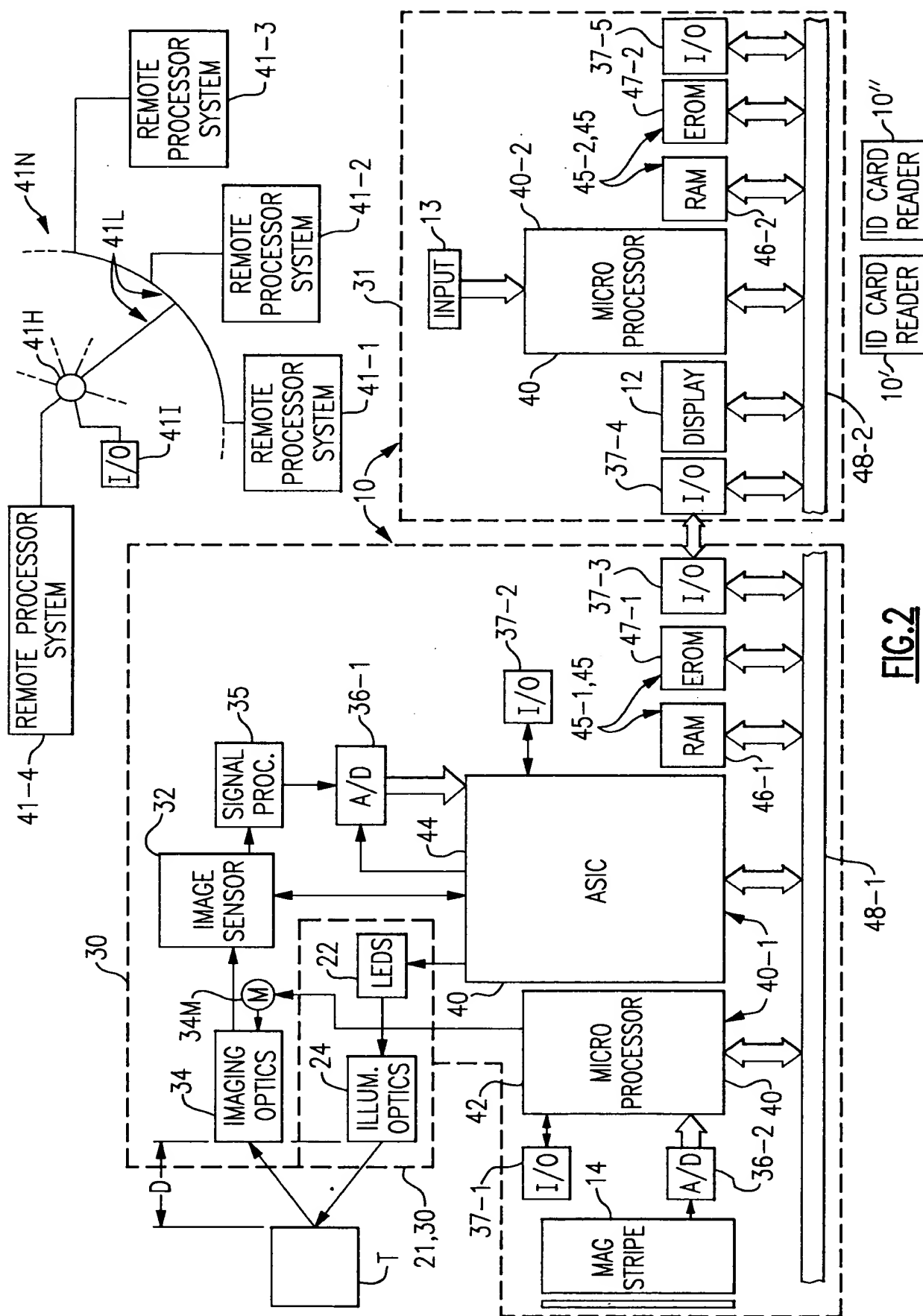


FIG. 2

16

NEW YORK STATE
ID 123 456 789 IDENTIFICATION CARD

16P

DOB 01/01/50
DOE, JOHN D.
101 Maple St.
Syracuse, NY 13203
Sex: M Eyes: Bl Ht: 5'11"

16F

16t

Signature John D. Doe 16SG

FIG.3a

16

16B

ENDORSEMENTS:
(NONE)

RESTRICTIONS:
CORRECTIVE LENSES

16S2

ORGAN DONOR INFORMATION

I HEREBY MAKE AN ANATOMICAL GIFT,
TO BE EFFECTIVE UPON MY DEATH, OF:

A. ☐ ANY NEEDED ORGANS OR PARTS
B. ☐ THE FOLLOWING BODY PART(S) _____

C. ☐ LIMITATION(S) _____

SIGNATURE: _____

WITNESS: _____

DATE: _____

16S1

Enter Address change below and notify this department within 30 days.

FIG.3b

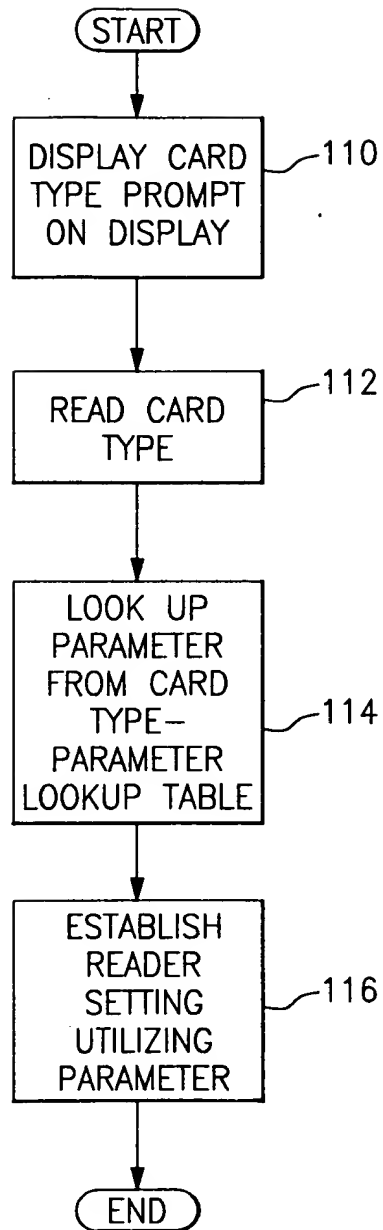
[illegible]

FIG. 4a

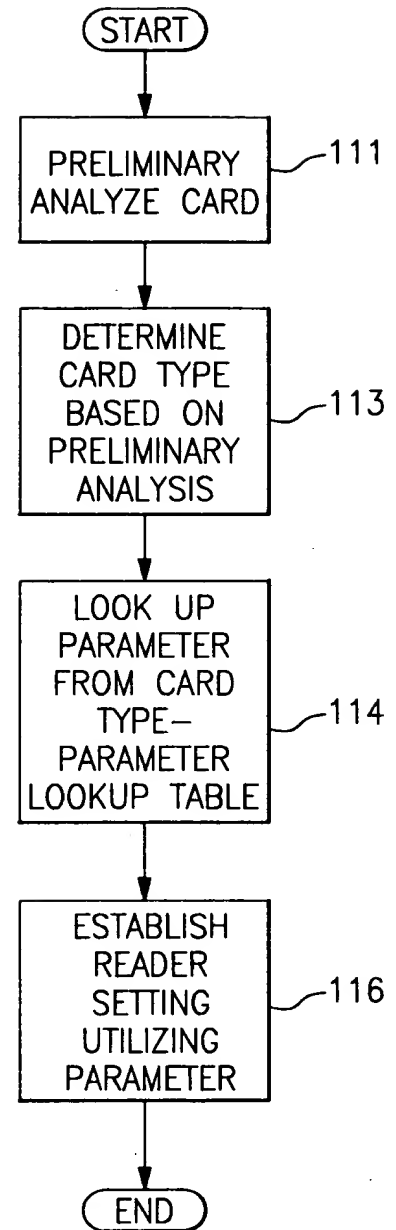


FIG.4b

FIG.4c

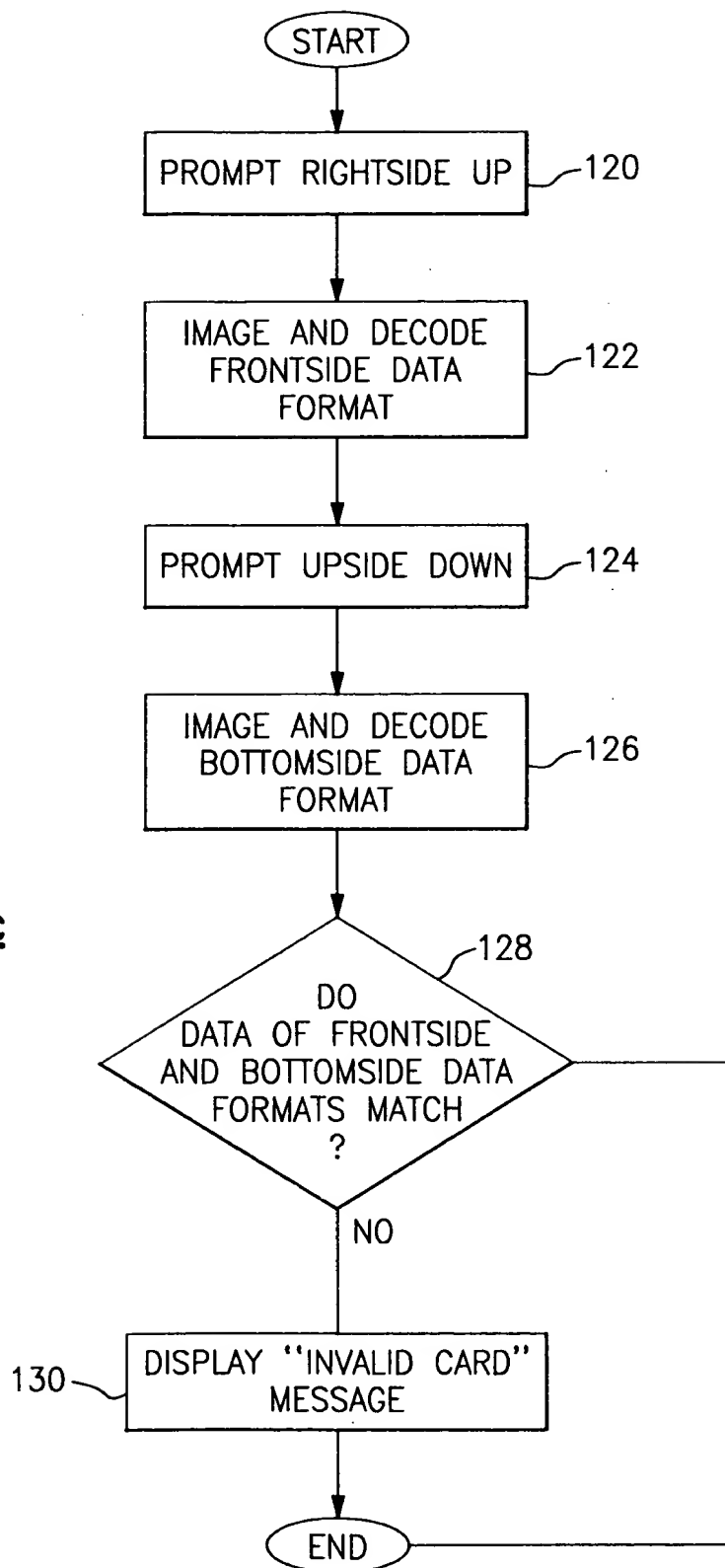


FIG. 4d

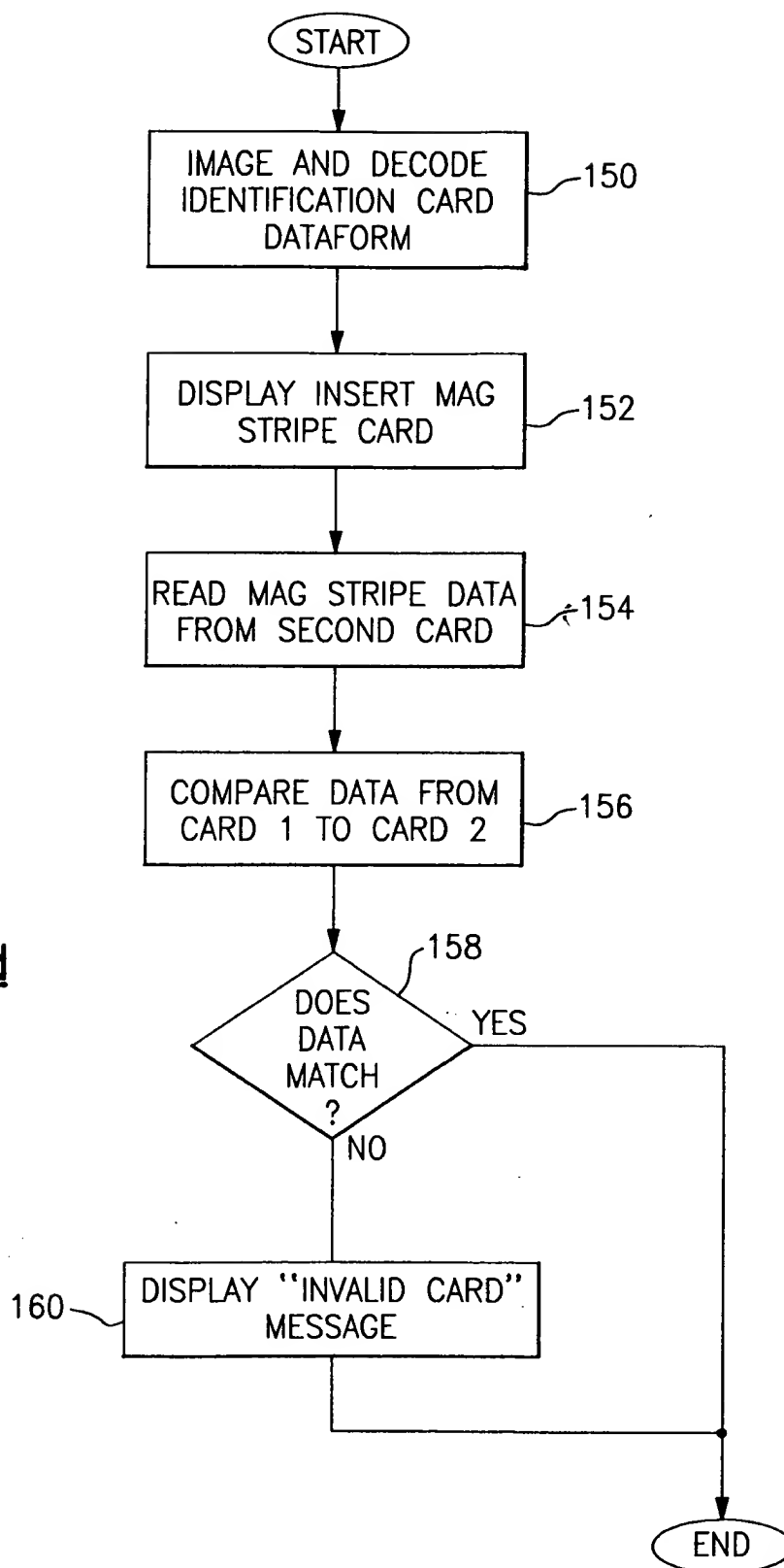
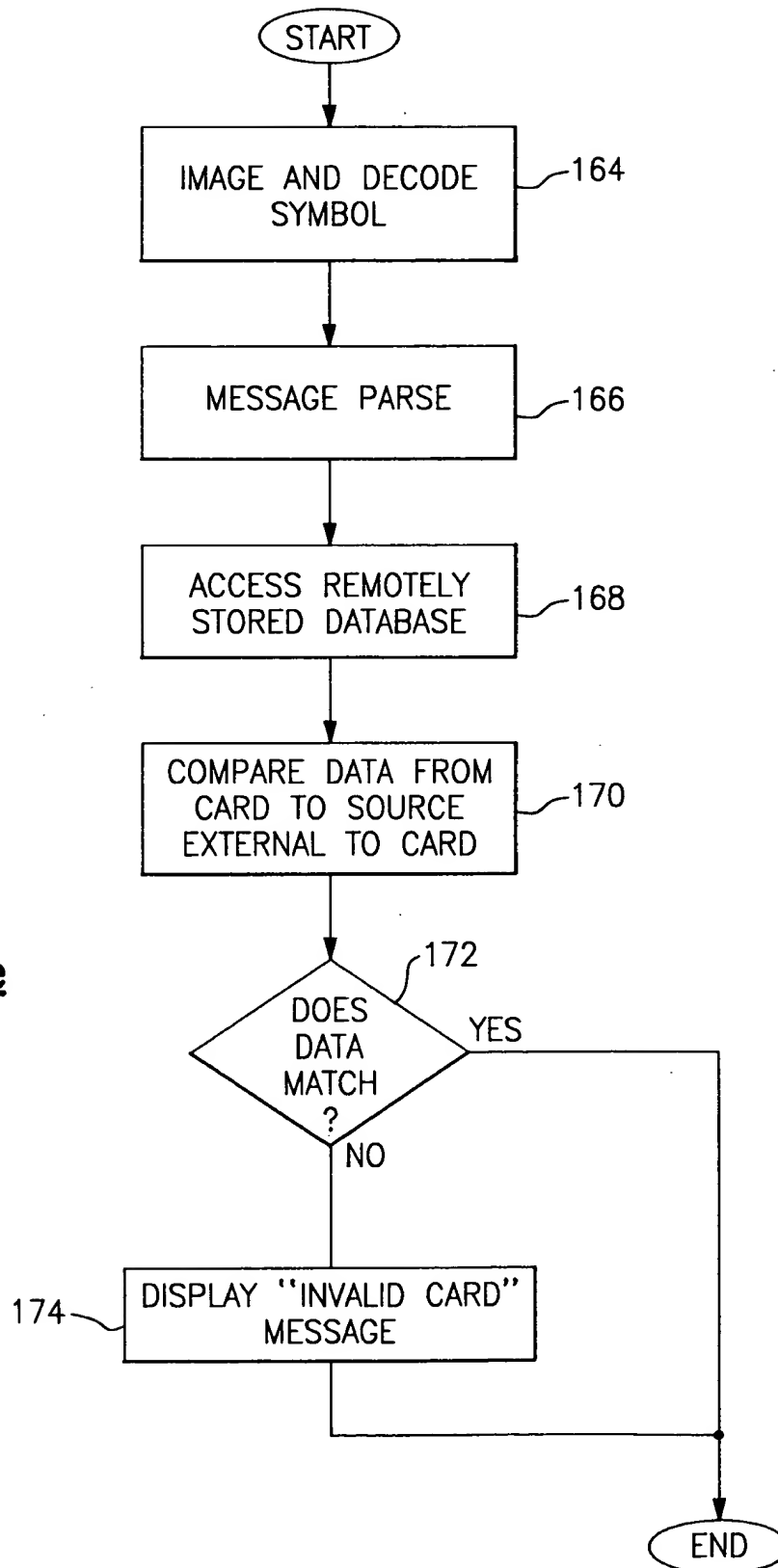


FIG. 4e



[illegible]

CARD TYPE	TRAY HEIGHT	THRESHOLD	FOCAL LENGTH	TOPSIDE	TOPSIDE	BOTTOMSIDE	BOTTOMSIDE
NEW YORK	14mm	140	10mm	OCR	----	PDF	CODE 128
PENNSYLVANIA	7mm	120	9mm	CODE 39	OCR	PDF	----
TEXAS	3mm	150	10mm	OCR	----	CODE 39	----

140

142

144

146

148

149f₁

149f₂

149b₁

149b₂

149

FIG. 5